

PTO/SB/22 (08-05)

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| | | PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional P-2762-US1 | |
|--|---|---|---|---------------------------|-------------------------------------|--|
| | In re Application of: | STEINER, Mitchell S. et al. | | 8 | | |
| | Application Number: | 09/449,817 | Exam | | KERR, K. | |
| | Filed: | November 26, 1999 | • | Art Unit: | 1652 | |
| | For: SOLATED NUCELIC ACID ENCODING P-HYDE PROTEIN AND METHODS CONTINUE INDUCING SUSCEPTIBLITY TO INDUCTION OF CELL DEATH IN CANCER | | | | | |
| | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. | | | | | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): Large Entity Fee | | | | | |
| | | One month (37 CFR 1 | | \$110 | <u>.</u> \$ | |
| | l Ä | Two months (37 CFR | | \$400 | \$ | |
| | | Three months (37 CFI | R 1.17(a)(3)) | \$920 | \$920.00 | |
| | | Four months (37 CFR | 1.17(a)(4)) | \$1,440 | \$ | |
| | | Five months (37 CFR | | \$1,960 | \$ | |
| | Applicant amount s | t claims small entity statu shown above is reduced l | s. See 37 CFR 1.27 by one-half and the | 7. Therefore resulting fe | e, the e is: \$ | |
| | A check in the amount of the fee is enclosed. | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | The Com | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| | The Combe require | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 05-0549 I have enclosed a duplicate copy of this sheet. | | | | |
| | | | | | | |
| | I am the assignee of record of the entire interest. | | | | | |
| | | applicant. | | | | |
| | attorney or agent of record. | | | | | |
| | │ □' | Attorney or agent under the Registration number it | 37 CFR 1.34(a). facting under 37 CF | R 1.34(a). | | |
| WARNING: Information on this form may become public. Credit card information should be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | information should horization on | |
| | 28 Januai | <u>-</u> | DILLX | 1 | | |
| N1/20/2002 MUNI | Date LDER1 00000147 050649 0 | e 9449817 | Mark | \ Signatt S. Cohen, F | | |
| | 920.00 CH | 2772 9 &(| | yped or prin | | |
| 01 FC:117 | | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) | | | | |
| | are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| Total of forms are submitted. | | | | | | |

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